**Online Appointment Booking Sustainment and Expansion**

Template Fiscal Year 2022-23

Template Ver 2.0 April 2022

# Introduction

The Ministry of Health has approved funding for Ontario Health Teams (OHT), In Development Teams and other health care organizations to enable more patients to schedule an online appointment with their primary care provider or other community care provider. This funding is intended to support transforming how care is delivered and assisting OHTs (Ontario Health Teams) and the broader health sector to build their digital health maturity.

Ontario Health (OH) is inviting submissions to support sustainment and expansion OAB implementations within primary care or other community care provider settings

Successful applicants will receive one-time funding in FY2022/23 if they demonstrate implementation success by March 31, 2023. All applicants must submit a one-year implementation plan and funding request, as well as a detailed budget for FY2022-23 if applying for expansion. Ontario Health will enter into a Transfer Payment Agreement with successful applicants.

The objectives of this funding are to:

* To improve the patient experience by enabling more Ontarians to book an online appointment with their primary care provider and other members of their health care team.
* To support innovative uses of centralized online appointment booking within an integrated care environment that supports timely access to care.
* To demonstrate how online appointment booking solutions can improve provider and office efficiency.
* Strengthening existing primary care networks within OHTs

# Completion Instructions

* Before completing this template, it is important to review the Online Appointment Booking Provincial Service Standards. The OAB standard can be found here <https://www.ontariohealth.ca/our-work/digital-standards-in-healthcare/online-appointment-booking>
* Interested health service providers should work with their Ontario Health Regions to discuss whether a potential initiative meets the criteria and the needs of their OHT and community.
* Approved and In-development OHTs are to submit a coordinated submission on behalf of the OHT that demonstrates alignment with the OHT model and the regional vision using the template below.
* Ontario Health can be engaged during proposal development as a subject matter expert.
* All submission must be approved by the appropriate Ontario Health Region prior to being submitted to the Ontario Health Digital and Virtual Care Secretariat for proposal funding review and funding approval.
* All other health care organizations who are not yet part of an approved OHT may submit a submission that aligns with the program requirements outlined in the Funding Guidelines document.
* Ontario Health (OH) welcomes submissions from Indigenous health care organizations, including those serving First Nations, Inuit, Metis and Urban Indigenous persons and support is available for submission development.

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| Enter Title of Proposal Here |

## Applicant Information

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| **Ontario Health Region submitting Proposal** (check more than one for multi-region proposals): | **Toronto Region** (Toronto Central LHIN)  **Central Region** (Central, Mississauga Halton, Central West, and North Simcoe Muskoka LHINs)  **East Region** (Champlain, Southeast, Central East LHINs)  **West Region** (Waterloo Wellington, Southwest, Erie St. Clair, Hamilton Niagara Haldimand Brant LHINs)  **Northeast Region** (Northeast LHIN)  **Northwest Region** (Northwest LHIN) | |
| **Submitted by:** (Name of Ontario Health Region representative) | | Enter Name |
| **Submitting OHT and/or Heath Service Provider** | | Enter OHT or HSP Name |
|  | | Enter Key Contact Name and email |
| **Transfer Payment Recipient**  All proposals must have a health service provider organization sponsor that the region deems suitable to manage the project, and to which the funding can be flowed from Ontario Health according to existing financial processes. For OHT proposals, the funding recipient should be the OHT fundholder. The health service provider organization identified below is agreeing to enter into an agreement with Ontario Health to manage and flow the funds to any other organizations and vendors involved in this project. Any vendor agreements will be between the health service provider organization and the vendor. | | |
| **Legal Name of Transfer Payment Recipient:** | | Enter Legal name of Sponsoring organization to be named in the Notice of the Transfer payment Agreement |
| **Executive Contact at Sponsoring Organization to be named in the Notice of the Funding Agreement.** | | Enter Name, Position |
| Enter email address |
| Enter phone |
| **Senior Financial Contact (CFO, CAO) at Sponsoring Org to respond to required requests related to the Funding Agreement.** | | Enter Name, Position |
| Enter email address |
| Enter phone |
| **Additional Contact to be named in the notice of the funding agreement.** | | Enter Name, Position |
| Enter email address |
| Enter phone |

## OHT Guidelines

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| **OHT Guidelines (if not applicable, move to next question)**  Submissions from one or more approved OHTs or in development teams must demonstrate that their submission align with the OHT model. Examples of ways to demonstrate alignment with the OHT model include the following. Please check all that apply. |
| Has the proposal been developed by the OHT according to processes outlined in their Collective Decision-Making Arrangement(s) and submitted with the OHT as signatory (e.g., leadership council)?  Does the proposal align with OHT priorities and OHT-specific performance indicators?  Does the proposal involve an active cross-sector collaboration between OHT members?  Will the funds be flowed to and managed by a fundholder nominated by the OHT on behalf of all beneficiary OHT members?  Does the proposal align with ministry direction to In Development teams, if applicable, (e.g. to join with other teams)? |

## Project Summary

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| **License Allocation Summary** |
| **Sustainability**  Indicate how many licenses you received for fiscal 2021/22 and the total number of licenses that went live by March 31, 2022. |
| |  |  |  |  | | --- | --- | --- | --- | | **OAB Vendor** | **Number of Licenses allocated in 2021/22** | **Number of licenses that went live by March 31, 2022** | **Number of licenses that require sustainability in 22/23 (should match number in previous column** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Expansion**  List the clinics involved in the expansion, the number of licenses for each clinic along with the designation. |
| |  |  |  |  | | --- | --- | --- | --- | | **Clinic Name** | **OAB Vendor** | **Designation (Primary Care Provider, Nurse Practitioner, Nurse, Allied Health,)** | **Number of licenses requested to support an expansion and each designation** | |  |  |  |  | |  |  |  |  | |  |  |  |  | |  |  |  |  | |
| **Patient Access**  Indicate the number of patients that had access to OAB in fiscal 2021/22 and indicate the number of patients that will have access to OAB for the net new expansion licenses (if applicable).   |  |  |  | | --- | --- | --- | | **# Of Patients with Access to OAB in fiscal 2021/22** | **# Of net new patients who will have access to OAB in fiscal 2022/23** | **Total number of patients with access to OAB in fiscal 2022/23** | |  |  |  | |  |  |  |   **Describe your sustainability plan to continue to fund OAB licenses past the funding period (March 31st, 2023).** |
| Describe here |
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| Indicate if you will be offering to Indigenous communities |
| Acknowledge funding is for one year (April 1st, 2022 to March 31st, 2023) |

## Funding (In-Kind and Request)

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| **Identify the value of in-kind support received from OHT, Health Care Organization or the regions. Clinical staffing requests must be matched with clinical in-kind contributions.** | | |
| **Type of Contribution** | Name of the Organization/ Contributor of In-Kind Resources | Value of the Contribution in the upcoming fiscal year during until March 31, 2023. | |
| Change Management | Enter name here | Enter Total ($) | |
| Project Management | Enter name here | Enter Total ($) | |
| Clinical Staffing Costs | Enter name here | Enter Total ($) | |
| Other | Enter name here | Enter Total ($) | |
| Other | Enter name here | Enter Total ($) | |
| **Total – In-Kind Contributions** | Enter name here | **Enter Total ($)** | |

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| **Funding request to Ontario Health for 2022/23** | | | |
|  | | **One time funding requested** | **Comments/Assumptions** |
| **Sustainment Costs** | | | |
| **Sustainability OAB licensing costs** (indicate the cost per license/month/number of licenses requested. If multiple vendors are being requested cost each vendor quote out separately) | | Enter Total ($) | Comments here |
| **Expansion Costs**  For net new providers, a range of $1,000 - $2,000 per new provider (e.g., physician, nurse practitioner) is available for fiscal year 2022/23 (ends March 31, 2023). The amount per provider includes both technology (OAB Licenses) and non-technology costs (Project Management, Change Management, Marketing & Communications or for an OHT Practice Facilitator to support change management efforts, and any other affiliated expenses) to support the project.  The maximum amount available for non-technology costs per provider is $800.  Proposals requesting funding less than 12 months must prorate their calculations according to the total number of months remaining in the fiscal year. | | | |
| **Technology costs (cost of net new OAB licenses)** Please indicate in the comments the cost per license per month. If multiple technologies are being used in one proposal, please indicate all. | | Enter Total ($) | Comments here |
| **Non-technology costs (cost of implementation supports which can include PM/CM, Facilitator, Marketing & Communications) –** Maximum of $800 per provider. | |  |  |
| **Total – Expenditures** | | **Enter Total ($)** |  |
| **Comments:** | Comments here | | |

## Timing & Milestones/Deliverables

Successful applicants will receive funding for FY2022-23 following the signing of an agreement with Ontario Health. Identify all planned deliverables for FY2022-23.

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| **Fiscal Year 2022/23**  **Describe Milestones/Deliverables** | **Timeline (i.e. 2 weeks, 4 weeks)** |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |
| Milestone/Deliverable | Describe here |